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Communications.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

BY SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine)

XI.

Edward Delafield, M. D.,

(President of the College of Physicians and Surgeons.)

"But sure the EYE of time beholds no name
So blest as thine in all the rolls of fame."—*Pope.*

"For that dow'ry I'll assure her of
Her *Widowhood*, but that she survives me,
In all my lands."—*Shakespeare.*

EDWARD DELAFIELD was the son of JOHN DELAFIELD, of London, who came to this country many years ago, and married Miss ANN HALLETT, of New York, by whom he had eleven children. Seven were sons—John, Joseph,* Henry, William, Richard,† Rufus K., and Edward; and four were daughters—Ann, Emma, Caroline, and Susan P., afterward Mrs. HENRY PARISH.

EDWARD was born in New York city, May 7th, 1794, and has survived his sisters, and nearly all his brothers. His first experience of school was in Cedar street, where he pursued his studies in company with Mr. ADAM SMITH, a man much addicted to learning, and well versed in rudimental education. He next entered Union Hall Academy, Jamaica, Long Island, and rapidly improved under the excellent supervision of Mr. LEWIS E. A. EIGENBRODT, a German scholar of distinguished abilities, and father of Rev. Dr. EIGENBRODT, of this city, whose useful life and evangelical teachings have made a deep impression on the Christian community. During his residence at this institution, he made satisfactory progress in French, mathematics, and the classical studies requisite for a fundamental education, and entered Yale College, New Haven, whence he was graduated A. B., in 1812.

* Major in the United States Army during the war of 1812 and President of the Lyceum of Natural History for more than 30 years.

† Major General in the United States Army and a graduate of West Point.

On going forth into the busy world, young DELAFIELD almost immediately selected the medical profession as his future course in life. Imbued with few mercantile tastes, and never having followed any down-town occupation, his mind continued to seek for information. He accordingly entered the office of Dr. SAMUEL BORROWE, of this city, and followed out, carefully and studiously, the prescribed course of the College of Physicians and Surgeons, from which he received his diploma as Doctor of Medicine, in 1816, and of which most excellent institution he has been the President for many years. His thesis was on Pulmonary Consumption. During his laborious and professional career, he has been the witness of many changes in the laboratory; theories and practice of medicine; additional facilities of instruction; clinical advantages; exemption from trouble in the dissecting-room; superior plates for the benefit of anatomical students; and above all, a great improvement in the system of teaching. For now prolixity has given way to condensed knowledge: variety of information is supplanted by thoroughness of explanation; and the matriculated student is led on by concise wisdom to admire science and investigate disease, rather than, as formerly, be impressed with the vast amount of learning that emanates from his professors. This may be deemed trivial; but any one who has heard a lecturer whose mind caused him to think of himself, and not his subject, can appreciate it. Dr. DELAFIELD has, moreover, seen many fall from the ranks, and their places filled by others; and if he would deliver an address on comparative lecturing, embodying his views and experience, much practical information, and not a few most excellent anecdotes would reward the attentive audience. Human nature is materially affected by surroundings; and perhaps the push of the present age resolves every person's brain into a compendium of experience. If thoughts are the whisperings of the mind, why should not didactic speech be employed to convey intelligence, not confuse it. Much of this difficulty has yet to be removed; for as long as teachers in primary departments ask a new scholar, "What have you studied?" instead of "What do you know?" slug-

gishness of mind will follow imperfection of instruction.

Soon after receiving the imprimatur from his Alma Mater, he visited Europe, and spent much of the year 1817, in tracing the variety of treatment and diagnostic principles of the London and Paris hospitals, where he was enabled to compare theory with practice, and the better fit his mind for the responsibilities of an American career.

While abroad, he likewise passed some profitable time in investigating the local diseases of Holland, where at times the foreigner is interested in discovering the curious effect of the introduction of metaphysics combined with the ratiocination of therapeutics. The Teutonic mind does nothing without a reason; and as frequently disease is obscure, the scientific philosopher invariably deduces arguments often as ingenious as they are ineffective as remedial agents. A useful sojourn in Scotland also proved of assistance; and on returning to this country, Dr. DELAFIELD commenced to practice in the city of New York, where he has continued for over forty years, occasionally paying a temporary visit to some suburban retreat, to recruit exhausted energies.

His health, during an active life of exposure and fatigue, has been invariably excellent, saving an attack of rheumatism while at College, and a second one when about forty years of age, having escaped all other constitutional troubles.

Dr. DELAFIELD married Miss ELINA E. LANGDON ELWYN, October, 1821, by whom he had six children, all of whom are now dead. This esteemed lady was a grand-daughter of Governor JOHN LANGDON, of New Hampshire, who is known in history as President of the first Congress.

In January, 1839, he married JULIA, grand-daughter of General WILLIAM FLOYD, one of the signers of the Declaration of Independence, a man of military capabilities, and much force of character.

The Doctor's height, when last measured, was 5 feet, 8 inches; and his weight about 150 pounds. On asking him, one day, while sitting in his office, his opinion of tobacco, he looked up with a smile, as though knowing that his reply might be severe, if I were addicted to the habit, and replied, "I do not smoke, nor do any of my brothers. I think it a most pernicious practice; and so of tobacco in any form." This seems to be, as far as I have been able to ascertain, the general criticism from most of the profession; though there are still a few who enjoy a philosophical puff; thus rendering its use by a doctor not as yet eccentric, though perhaps unhealthy.

Dr. DELAFIELD's religious creed is that of the

Protestant Episcopal faith; and his favorite branch of practice, leading almost to a specialty, obstetrics and ophthalmic surgery, being connected with the leading lying-in asylums, woman's hospital, etc., and appointed consulting physician to the principal institutions for the blind in this city. The Doctor has been extensively associated with the progress of the healing art during the last half century, and has been, more or less, a laboring member of most of the charitable hospitals in New York. Many of his original ideas are so incorporated in the works of the day, that it would be difficult to give him all the credit justly his due. A suggestive atmosphere has pervaded much of his kindly nature.

I addressed him one day a letter on various topics, and incidentally asked if he would be a doctor again. His reply was characteristically noble: "I never would have exchanged my occupation for any other, if I could have received from that other twice the revenue I obtained from practicing medicine."

As an additional proof that he is consistent in this view of life, Dr. DELAFIELD still practices, and may be seen on almost any day visiting patients, and sitting in his heavy coupé as it wends its way through fashionable avenues and stops in front of lofty dwellings.

Though a resident of this metropolis during many grievous epidemics, he encountered the foe, and administered to the sick; fully appreciating the thought, that man is truly great, not by what others have done for him, but what he has done himself.

Dr. DELAFIELD's opinion on cholera is worthy of record embodying as it does, in a brief manner, views that are to a great extent favorably held by numbers of the profession:

"I do not think it contagious in the strict sense of the word. It certainly is conveyed by human beings from one place to another, but it seems to require an intermedium for its propagation. This intermedium is foul air, which being contaminated by the specific emanation from a cholera patient, is then capable of communicating the disease to other human beings.*

Dr. DELAFIELD edited, with many copious additions, TRAVEE's work on the eye, and contributed during a large practice, numerous articles to the medical journals of the day, on ophthalmic surgery, which if collected in one volume would bring before the community a work eminently

* J. M. TOWER, M. D., of Washington, D. C., has recently published a Catalogue of Medical works on Cholera, which he has collected from time to time. They already number over 112, and he is still adding to them: cheerfully holding them open to the medical fraternity—who no doubt will be much benefited thereby.

calculated to ameliorate the condition of the blind and unfold suggestions of permanent utility to the oculist.

This interest in the sufferings of those afflicted with diseases of the eye displayed itself at an early age. For as far back as the year 1818, the idea of originating the New York Eye Infirmary took its first inception in his mind—and having talked the matter over and conversed in a general manner with his friend and associate in Hospital duties, Dr. JOHN KEARNY RODGERS, they determined to wait a few years till their foothold in the profession was rendered more practical, when by diligent perseverance an end was reached, pleasant to contemplate in advanced life, and full of the charitable capabilities of the time. This most excellent Institution, which owes its foundation to the energy and perseverance of Dr. DELAFIELD, was suggested to his mind while attending the London Eye Infirmary, which owed its origin to the wise forethought and philanthropical exertions of Mr. SAUNDERS, who had doubtless heard of those in Germany. Drs. DELAFIELD and RODGERS, on their return to this country, opened in 1820, two rooms at No. 45 Chatham street, New York; and on different days in the week gratuitously attended those whose eyes were affected. In some seven months they had treated four hundred and thirty-six patients. This success made its way to the medical practitioners and suffering mendicant. Doctors volunteered their valuable assistance, and a uniform system of days and hours had to be enforced so crowded were the rooms and so small were the proportionate means. At this time encouragement was given by Drs. WRIGHT POST and SAM'L. BORROWE, as consulting Surgeons, and March 9th, 1821, a meeting was held at the City Hotel in Broadway, between Cedar and Thames streets, which resulted in placing this scheme on a permanent basis as an organization to be supported by the worthy citizens of New York. On the 21st April 1821, the officers and directors were duly elected.* This

* As this was the first Board, it will prove interesting to secure the names of those who held positions:

WILLIAM FEW, President.

HENRY I. WYCKOFF, First Vice President.

JOHN HONE, Second do.

JOHN DELAFIELD, JUN., Treasurer.

JAMES I. JONES, Secretary.

Nathaniel Richards,
Benjamin L. Swan,
William Howard,
Henry Brevoort, Jun.,
Joshua Jones,
William Howell,
James Bogge,
Isaac Pierson,
Jerome Johnson,

Isaac Collins,
Cornelius Heyer,
Henry Rankin,
Benjamin Strong,
Samuel Tooker,
Samuel F. Lambert,
Edward W. Laight,
Gideon Lee.

Consulting	WRIGHT POST, M. D.	} <i>Ex-Officio.</i>
Surgeons,	SAMUEL BORROWE, M. D.	
Surgeons,	EDWARD DELAFIELD, M. D.	} <i>Directors.</i>
	J. KEARNY RODGERS, M. D.	

movement led in a few years to the foundation of the Massachusetts Charitable Eye and Ear Infirmary by EDWARD REYNOLDS in 1824, and the organization of Will's Hospital, Philadelphia, for a similar purpose. Before this, diseases of the eye, capable of immediate alleviation, were allowed to run to blindness, owing to the general ignorance of that organ; but its immense benefit soon found favor throughout this continent until it would now seem almost proper to represent the figure of Justice with eyes of gratitude uplifted to benignant Providence. At the present time this noble charity, situated in a pleasant part of the city, in a splendid mansion, treats some 7,000 patients annually; is possessed of valuable property estimated at \$100,000, and is presided over by some of the leading men of honor in this city. How appropriate would it be, if the portraits of CHESELDEN and SHARP, CELSUS and POTT, RICHTER and TRAVERS, SAUNDERS and LAWRENCE WARDROP and BEER, with men of that stamp, could adorn the walls that those who are about to leave with restored vision might look upon the features of the pioneers of an important era in the lessening of pain and the acquisition of an unlimited blessing. AUGUSTE COMTE says that each of our leading conceptions, each branch of our knowledge, passes successively through three different metaphysical conditions, the theological, the metaphysical, and the positive or scientific. How appropriate is such a thought when applied to the restoration of the eye—that "window of the soul!"

For many years Dr. DELAFIELD entertained the idea of founding a Society for the relief of the widows and orphans of medical men.* Instances of pressing want had so often forced themselves before his benevolent mind, that in 1842, after having corresponded with many physicians on the subject, who endorsed his views, he invited a few friends to his own house, and discussed at length the merits of the case. Meeting with a hearty co-operation from the fraternity, the first committee appointed to investigate the idea was composed of Drs. EDWARD DELAFIELD, THOS.

* "The London Society, after which our own was modeled, was founded in 1798, and now numbers 220 life members and 149 annual subscribers, with a capital stock invested with the National Debt Commissioners, of more than £50,000, more than £44,000 have been distributed among the recipients of its bounty. Since 1798, 106 widows and 184 children have received benefits, of whom there are, at present, 35 widows and 24 children enjoying its benefits." [Extract from a Discourse entitled "History of the New York Society for the relief of Widows and Orphans of Medical Men," by Dr. E. L. BRADLE, and read by him in accordance with a request of the board of managers at the Astor House, on the 15th November, 1854, to whom I am indebted for many of the facts concerning the organization of this noble charity.]

COCK, J. K. RODGERS, F. M. JOHNSTON, and H. D. BULKLEY. On the 12th of May a circular was issued calling on the profession at large to meet at the rooms of the Lyceum of Natural History, on the 14th of the same month. It was largely attended, and called to order by Dr. JOHN STEARNS. Dr. VALENTINE MOTT was elected Chairman, and Dr. H. D. BULKLEY appointed Secretary. Dr. DELAFIELD then arose and stated the object of the meeting, and the benefits to be derived from this mutual organization. He then presented a report and the constitution, as drawn up for approval, both of which were duly accepted. The same gentlemen were retained on the committee, with the addition of Drs. JOHN REVERE, WILLARD PARKER, ISAAC WOOD, and JARED LINSLEY, who were directed to procure signatures and subscriptions. One hundred names were obtained by the 5th of October, and a meeting was called for the 8th, on which occasion Dr. JAMES CAMERON acted as Chairman, and Dr. BULKLEY as Secretary. A formal election of officers took place, which resulted as follows:

President, Dr. EDWARD DELAFIELD.

Vice Presidents, Dr. JOHN REVERE.

" " Dr. FRANCIS W. JOHNSTON.

" " Dr. JOHN STEARNS.

Treasurer, ISAAC WOOD.

Managers:

Dr. James C. Bliss,	Dr. Richard K. Hoffman,
" Alfred C. Post,	" J. P. Van Arsdale,
" Joel Foster,	" J. Kearny Rodgers,
" A. T. Hunter,	" John H. Griscom,
" W. W. Minor,	" Jared Linsley,
" Valentine Mott,	" Hugh Lavurny,
" James R. Wood,	" A. N. Green,
" H. D. Bulkley,	" Willard Parker,
" James McDonald,	" George O. Cammann,
" James A. Washington,	" J. B. McEwer.

This body held a meeting on the 19th of the same month, and appointed a committee of three to "draft a Constitution and code of By-Laws for the Society, and take steps to procure a Charter," which committee was composed of Drs. BLISS, JOHNSTON, and WOOD. The result of their labors was accepted November 18th, 1842. Dr. BULKLEY was officially elected Secretary, and Dr. WM. P. BUEL chosen to fill a vacancy in the list of Managers. An Act in favor of the Charter was passed at Albany the 18th of April, 1843, and what a few months before had been but the seeds of suggestion now assumed the influential position of an "Institution." Though at first restricted to the benefit of residents of New York and King's county, subsequently Richmond and Westchester counties were embraced in its useful sphere.

In 1850 Dr. JAMES C. BLISS was chosen as its head, and in 1853 Dr. ISAAC WOOD was elected

President, having held the responsible position of Treasurer since its incorporation, on which occasion Dr. E. L. BEADLE was selected to fill the position left vacant by Dr. WOOD.

Subsequently Dr. BULKLEY presided over the meetings, and Dr. J. W. G. CLEMENTS was appointed Secretary in his place. The first year exhibited the names of 56 members, and the sum of \$1570. During the first twelve years of the Society's existence but 16 members died. The subscription of \$150 renders the donor a "Benefactor," and entitled to privileges. In the annual statement for 1866 the receipts were,

Balance in Treasury,	\$5,017 90	} making
	204 16	
		\$5,222 06,

and the disbursements in the form of annuities were \$1,350. Six families of deceased members are at present aided materially by this Society.

The principal officers now holding positions are HENRY D. BULKLEY, M. D., President; ALFRED C. POST, M. D., WILLIAM DETMOLD, M. D., and EDWARD L. BEADLE, M. D., Vice-Presidents; J. W. G. CLEMENTS, M. D., Treasurer; and S. CONANT FOSTER, M. D., Secretary. The members of the Society number 108, of which 78 are for life, and 30 annual subscribers; the benefactors are 25, three of whom are laymen. It is to be hoped that ere long a suitable institution, in proportion to its wants, will be erected for the benefit of the widows and orphans, that a healthy locality may be combined with permanence of residence. With this idea widely circulated, there is little doubt but that in a short time a building committee could raise ample means from \$100 subscribers.

There are many other benefits to be derived from such an association of the well-wishers of humanity. The combined efforts of the better classes of society in behalf of those afflicted by distress, renders poverty more endurable, and warms the sick man's heart. Besides, the more we look after the welfare of our noble profession, the higher will be the respect of others. Many there are who bow in adversity; but very few are willing to kneel in prosperity. Deeds of kindness, however, assist in bringing forth the better part of human nature, and render him who was once selfish and misanthropical full of noble aspirations, and the proud possessor of an approving conscience.

— CLITORIDECTOMY.—Dr. WEST is out with a strong letter against the practice of clitoridectomy, as a remedial procedure in cases of convulsions, epilepsy, or idiocy in females, diseases which he states never to have seen induced by masturbation.

**PHYSIOLOGICAL AND PATHOLOGICAL
RELATIONS OF THE TRUNKAL MUS-
CLES, WITH THE THERAPEUTIC INDIC-
ATIONS INVOLVED.**

(Continued from p. 379.)

By E. P. BANNING, M. D.,

Of New York.

Of Abdominal and Spinal Support in Leucorrhœa and Catamenial Derangements.

Having cursorily considered the influence of a morbid trunkal bearing, in inducing uterine displacements, and also of abdominal and spinal support in treating the latter, I now offer some suggestions on the effect of these same uterine displacements, in inducing leucorrhœa, and the several derangements of the catamenia, and on the adaptedness of abdominal and spinal support to fully or partially correct the same. In attempting this, it must be without the support of that *positive* mechanical philosophy, which has borne us so high above cavil, in discussing the causes and cure of uterine displacements, and must depend mainly upon analogy, observation and *established facts*, all of which combined, constitute an argument scarcely second in value to any demonstration.

Of Leucorrhœa.

It is known to every practitioner, that as a rule, leucorrhœa accompanies the several forms of uterine obliquity, and disappears when the obliquity is corrected, without any specific remedies to that end. I have also been consulted in many instances, by virgins, where the weakness in the lower spine, abdomen, pelvis, and thighs, was so similar to that attending uterine prolapsus, as to induce me to apply abdominal and spinal support, purely as a general and local comfort. In these cases, I have quite uniformly noticed both the weakness and the leucorrhœa to discontinue. From this, I learned to suspect some degree of uterine displacement, as a *cause* or irritant, in most cases of leucorrhœal discharge, and in all consultations for leucorrhœa. I have seldom failed, by verbal or digital examinations, to discover some mechanical uterine abnormality. From this, I fell into the nearly stereotyped habit of applying mechanical support, in cases of leucorrhœal discharges, with a success which certainly never has attended any other treatment for that insidious and undermining malady. And now, after the experience and observation of twenty-five years, I am compelled, as a rule, to look upon leucorrhœa as being but a *symptom*, or a *result* of some degree of prolapsus, version or flexion; and to expect as great a proportion of success from the application of such support, as

fully corrects the trunkal bearings toward the pelvis, as can be expected in any treatment in any other malady, taking into account that *some* of the cases, *must* have another base. This view of the case is supported by the consideration, that in the normal pelvic condition the vagina is so circularly contracted upon itself, as to not only crowd the uterus to situ, but also to so contract the vaginal exhalants as to allow of no more than a normal lubricating exudation; whereas in prolapsus the uterus has been crushed into the vagina, where it must act more or less as an irritating foreign body, and has caused a great expansion of the vaginal exhalants, through the greatly relaxed and expanded surface of that canal. This pathology of leucorrhœa, also explains why it is that the best success in treating this malady by medicine, is usually so transient. The stimulating balsamic, terebinthinate and heating specifics, being barely able to close the vaginal exhalants, temporarily, without removing the physical forces, which are at work in the case, and therefore they must be frequently repeated.

Case 1st. A widow, aged about 35, and of slender make, in her excessive pedestrian efforts as a city missionary, brought on a most excessive leucorrhœal discharge; such was the leucorrhœal "flood" as to not only rapidly deplete her, but also to require the frequent careful adjustment of the napkin, to prevent exposure in her movements. The lady was literally bleached, and this, in proportion to her efforts. She said she had been so, since pain in the back, abdomen and thighs commenced some years before. As a matter of course, she was dyspeptic, had great sense of "goneness at the stomach," and the whole spirit was overspread with the greatest discouragement and gloom. As the patient utterly refused to suspend her humane pedestrian efforts in behalf of the poor, I did nothing for her, but to apply the brace, with a view to lengthening out her strength to some extent; and although her labors on foot continued, there was both a general and particular improvement on the same day of the application, and within one week from that date, she was wholly restored. This result was remarkable, and is probably more than can be calculated upon in all cases. But the case is by no means isolated.

There is another class of cases, composed of young ladies, of 12 years and upward, who are of delicate make, and of imperfect physical development. These are sometimes, in some degree, the subjects of leucorrhœal discharge, which seems to arrest both growth and womanly matu-

erty, and for whom only transient benefit results from internal treatment. It will also be found that even these are the subjects of those pains and weaknesses of the back, hips, thighs, and abdomen, which are so nearly pathognomonic of prolapsus. It is in this class particularly where I have found the most uniform and triumphant results of mechanical support. In these young cases, it seems to so rest the relaxed and laboring physical powers, as to enable them to make a *sudden bound into life*, whereas, but for this timely *impulse*, nature never could have done more than to eke out a few years of unsuccessful struggle for life. The cases illustrating both this and the former class, are multiplied, but I select but one of each as a representation of them all.

Case 2: Aged 15, of large brain, precocity of intellect, and slender make. Had menstruated early, and was the subject of constant leucorrhœal discharge. Had pain in her back and hips; feet were cold, and limbs weak and tremulous; was dispirited, nervous and gloomy, and a great variety of constitutional treatment had failed. When called to this patient, I discontinued treatment, and applied the abdominal and spinal support. This resulted in a cessation of the pains in back and hips. The feet soon became warm, and the limbs strong. Leucorrhœa ceased, spirits and appetite returned, and in a few weeks, our nervous sombre and puny patient, was metamorphosed into a blooming and joyous young woman. In seeking for a rational explanation of these pleasing results, in this extensive class of cases, after the failure of the various treatment by medicine, what else can we conclude, but that the leucorrhœa was rather an outbirth of more or less muscular laxity, visceral descent, and consequent stress upon the uterine ligaments, and often of actual uterine displacement, and that this violation of the cardinal physical unity of the body, had not only aroused the irascibility of the sympathies, but had at the same time depressed the ganglionic system, which presides over the insensible sensibilities, or activities of organic life, and that the abdominal and spinal support, has both rested and excited the abdominal and dorsal muscles, removed visceral stress from the uterine ligaments and vagina, and caused the vaginal exhalents to be consequently ligated. It has also allayed sympathetic irritation, and quickened the energies of organic life, by the stimulus of upward pressure to the lenial viscera, as shown in the REPORTER of July 28th, and August 11th. But we are not now pressing mechanical support as a *treatment* in leucorrhœa

or catamenial derangements, but only as an *item*, which may often serve as a basis of success by either general or specific medicinal treatment.

Of Dysmenorrhœa.

Of the characteristics of this most distressing malady, it would be superfluous for me, here to speak. For our purpose, it is sufficient to say, that evidently, it exists under several different and seemingly independent influences; such as permanent and spasmodic cervical obstructions, neuralgic, diathesis, etc. It is also just to state, that whilst there are *instances* of success by cervical dilatation, and some of the many medicinal treatments, it is admitted by the ablest writers, that after all, every operation, and every article of the materia medica, is very liable to fail, and, that success in any case, is at the best, more than problematical. The conclusion then, is, that *the* treatment for dysmenorrhœa is not yet found, and that to furnish a single valuable item in the premises, though it comes short of being the *instur omnium*, in the case, may be an advance in the right direction. Under this idea then, and this alone, I propose the application of abdominal support in all cases of habitual painful menstruation. In doing this, sanguine as I am of the importance of the idea, as an auxiliary, I have to confess, that after taking into account the known general soothing and harmonizing effect upon the digestive, uterine, and nervous systems, of erecting the body, bracing the dorso-lumbar spine, and compacting the viscera, the force of the proposition must rest *mainly* upon an extensive collection of incontestable facts, which, by the way, have been, and still remain the principle rationale of several reported treatments in several maladies. It is now over twenty years since I have been in the uniform habit of applying abdominal and spinal support in dysmenorrhœa, and I stake my reputation upon this public statement, that out of some hundreds of cases there has been scarcely an exception to a great mitigation being promptly experienced, and, in many of the most forlorn cases, the success has been even radical. In these cases, abdominal and spinal support was at first applied for *partial comfort*, in those agonizings in the spine, hips, hypogastrium and thighs, which so generally attend uterine displacements; *some* mitigation of pain and weakness, being the *extent of my most sanguine hopes*. In this, I was never disappointed, and was often amazed to find the result to be a radical cure. This caused me to institute a series of systematic experiments in the premises, which have resulted in my unwavering conviction, that, if the best abdominal and

spinal support could be applied in each case of dysmenorrhœa extant, (even without internal treatment,) nearly universal benefit would result, and in many cases the *desideratum* would be supplied; and much more so, if with it the operations and internal remedies indicated, were used conjointly. In quite a proportion of these cases, there is nothing to call forth either the sneer or the amazement of any, inasmuch as the cases were probably identified with either prolapsus, version, or flexion, but in the balance of the spasmodic and neuralgic cases the relief must be referred to the broad idea, that the support so restores the *federal unity* of the body, as to soothe all the *provinces* into one harmonious fellowship. Out of the multitude of illustrations, confirmatory of the above view, I select but two, which may fairly represent the rest.

Case 1. Unmarried, aged 19, and of symmetrical proportions, was brought to me by her mother, who stated that, "once a month, the whole house was in an uproar for four days, to keep life in Emily." "In summer or winter, she must lie and baste her naked back before a hot fire, or else her back must be often ironed with a hot iron." "We must all take turns rubbing her legs, arms, and back, to keep her from going into convulsions." "She quirls up into a heap, and acts like a woman in labor." "Opiates accomplish little, and destroy the tone of her stomach." "The only thing that does not do more hurt than good, is to keep her half-drunk on hot whisky-stew." "Her back aches continually, and is very weak; feet are cold, and her limbs fail her. She feels constant emptiness in her stomach, and has no appetite." "Has no desire to see anybody, and is terribly nervous." "She is looking for her turns to-morrow, and is wild with anxiety." To this case the brace was applied, without promising any material benefit. I directed her to abstain from all internal remedies for a time. Her menses appeared the next day, but without even the annoyance common to that period. She spent the day in the street, and walked several miles to visit a young friend, who suffered like herself.

Case 2. Aged 20, of a good figure; appearance anxious and haggard, from dysmenorrhœa. Had gradually become dyspeptic, from her monthly agonies. Her immediate sufferings, when unwell, were not quite so extreme as in the case of her companion, (Case 1,) but her general health suffered quite as much. The same course was pursued with this case as with Case 1, and with an equally happy result, not merely in the matter of suffering, but in the restoration of general

health, improved spirits, and expression of countenance.

In these cases, the result was not only radical, but permanent, as the patients orally testified, some months after. Indeed, such, in the main, has been my experience on this point, that I now close by recommending abdominal and spinal support in all cases, soon after gentle remedies fail to succeed, and before unsettling the nervous and digestive systems with opiates, which, at most, are but palliatives, too exhaustive of the vital energies, when often repeated.

[To be continued.]

CASE OF INVERTED UTERUS OF THREE MONTHS DURATION REPLACED.

By W. I. HEDDENS, M. D.

Of St. Joseph, Mo.

Mrs. W., a resident of St. Joseph, Missouri, æt, 31 years, primipara, had a hemorrhage for three months after her confinement, which was a continued drain, amounting at times to flooding. Her accoucheur, a very intelligent gentleman, had tried various therapeutic remedies but of course of no avail. He asked me to see his patient, and upon a digital examination, it was diagnosed a complete inversion of the uterus. The woman was so prostrated from loss of blood, that she could not turn herself in bed, but as nothing would arrest the hemorrhage, there was no good reason to delay. We gave her chloroform, and tried patiently and persistently to reduce the inversion, but failed. The uterus bled profusely upon the slightest pressure, and the woman became dangerously prostrated, but under the use of brandy rallied. The next day we tried with the same success. The attending physician declined any further interference, and the case passed into my hands. I procured an air pessary with a long tube attached, and inflated it in the vagina, and on the fourth day I anæsthetised her, and with little manipulation succeeded in restoring the uterus to its proper position. The woman never lost a drop of blood afterwards, but had a slow recovery. At this date, seven months, she has good health, has menstruated, and has had no return of the symptoms. Too much praise can not be given to such an instrument, it was soft to the tender inflamed surfaces, and what I regard as its chief surgical value, is the *continued and gentle pressure*, which if it can be maintained in the right direction, must, I think, always succeed. I have seen inverted uteri before, (not when I was attending in the accouchment,) of a few hours duration, which I succeeded in restoring. One which the accoucheur

inverted by traction upon the cord, and afterwards mistaking its nature, pulled at the inverted uterus, trying to get it away. I restored it without difficulty, but the woman died soon after from the loss of blood that had occurred before I arrived. In the former case, I could not trace the cause of the accident to the physician, and am of the opinion that it was caused from a lax and yielding condition of the tissues, for it evidently came on gradually. The difficulty in this case was augmented by the condensation of the muscular tissue of the uterus, for it was but little larger, if any, than a natural uterus, three months after parturition. I will watch this case to see if there is any tendency to a return of the accident, and if there is, will report it.

Medical Societies.

PROCEEDINGS OF THE NEW YORK ACADEMY OF MEDICINE.

Nov. 21, 1866. Dr. James Anderson, Pres't.

Discussion on Chronic Metritis.

By PROFS. BUDD, BARKER, AND PEASLEE.

Reported by E. S. Belden, Student of Medicine.

(Continued from p. 501.)

Dr. BARKER remarked, that the gentleman who opened the debate alluded very clearly to certain special physiological conditions which make the uterus an exception to all other tissues and organs, in relation to its pathological conditions. With every word he fully agreed. Probably in the haste and inadvertence of extempore speaking, he neglected to allude to one other point,—the peculiar character of the tissue itself, which is the seat of the inflammation. In its now gravid, normal state, it is an organ of very low vitality, resembling in its condition, and in its physiological states, more cartilage, or bone, than other muscular or fibrous tissues. This condition entirely changes during the period of menstruation, and especially during pregnancy, gestation, and parturition.

He was amazed and astonished at the remarks of his friend, for whose histological acquirements, physiological knowledge, and clinical experience, he had the greatest respect, but who had truly said that the ideas he has expressed were opposed to those of all eminent authors on the subject, and who had the merit of being entirely original in regard to it.

In examining Dr. PEASLEE'S views in detail, it is first to be remarked that he makes a distinction between what he regards as inflammation and congestion, or engorgement. He agreed with him fully in the assertion that the tender uterus is not always the inflamed uterus; that some have morbid sensitiveness, pain and tenderness without inflammation. Yet his remark implies that the condition which is ordinarily regarded as chronic inflammation of the uterus, is not a chronic

inflammation, because it remains in a state of innocence, and the symptoms are in a great measure absent during a certain interval of time, and therefore should be regarded as a recurrent, and not a chronic inflammation. What is that element or condition which makes it recur? He will say *engorgement*, or congestion. How does he make the distinction? He admits that there is a certain disease, whose tendency is to recur at certain intervals periodically; certain symptoms subside for the time, and recur often; the certain tendency is never spontaneously to disappear, exceedingly intractable to treatment, exceedingly rebellious and unsatisfactory, and that it is congestion or engorgement. Now is not the fact that the tissue, which is the seat of what he would call engorgement or congestion, entirely changes its character in the interval between each menstrual period, sufficient to explain the cessation of active phenomena, which he regards as essential to inflammation?

He says there cannot be any inflammation where there is an absence of febrile exacerbation. But does not every surgeon see cases of inflammation of bone, periosteum, or cartilage, continuing over a long period of time,—in all tissues of a very low grade of vitality—where there is mere vascular action without febrile excitement? If this be not the case, he confessed that he was in error, but he had always supposed so.

Dr. PEASLEE had claimed importance for his distinction between inflammation and engorgement, because the errors in pathology lead to errors in treatment; the doctrine of inflammation leading to depletion. He could not look at the subject in that light. He could not see how substituting the term engorgement or congestion would lead one to avoid depletion, any more than the use of the term inflammation. Is not depletion the remedy which would be at once suggested as a cure for chronic congestion or engorgement of the part, quite as quickly as for inflammation? He did not mean to accept the doctrine that all inflammation allows of depletion.

Both of the gentlemen who spoke before, spoke of depletion as very valuable in this disease. He did not regard it as the proper treatment of chronic metritis. This brings us to discuss the point, what is chronic metritis? He might here quote the remarks of the preceding speaker, in mentioning the change in the appearance, the color and size of the organ. The gentleman who opened the debate spoke of the distinction,—anatomical, physiological, and pathological—between the cervix and the body of the uterus. The distinction is one of very great importance. In his opinion, chronic metritis never reveals itself by the speculum. No effect produced upon the cervix uteri by depletion, as shown in the change of color, or size, would be in the slightest degree evidence of any change at all in the body of the uterus. Chronic metritis, by which we understand chronic inflammation of the body of the uterus, is distinct from that of the cervix uteri. As to the value of depletion of the cervix uteri in the treatment of chronic inflammation—or to accept the term—chronic engorgement, or chronic congestion—it might be of decided relief temporarily; though in the majority of cases it

is a palliative, not a cure. But that it exerts an influence on chronic metritis he did not believe, for reasons to be mentioned. The term chronic metritis should be confined to a pathological condition of the body of the uterus, distinct from the cervix. Now how does it reveal itself? He had been accustomed to regard it in his practice and teaching, as existing in three distinct forms.

The *first* form is chronic inflammation of the body of the uterus, with induration, general and partial, of its tissue. It is generally partial, and developed much more distinctly, clearly, and frequently, in the posterior wall than in the anterior, though it is accompanied by increase of size and weight of the uterus, frequently explaining the retroversion, partial or incomplete, effectually changing the condition of the posterior wall of the uterus, as shown by a proper vaginal examination, when it will be found to present marked nodosities, irregular in shape, very distinct, and sensitive to pressure. This is peculiarly so near and during the period of menstruation, but is always so to a certain extent. The gentleman who opened the debate spoke of the disease as being an extension of the inflammation of the cervix. The fact that there is a continuity of muscular tissue from the cervix to the body, probably would explain the fact that these nodosities are found in the parenchyma of the posterior wall of the organ five times as frequently as in the anterior wall. But they are sometimes found in all parts of the uterus.

The *second* form of chronic metritis he believed to be that form which is attended with no induration, but with ramollissement; softening of the tissue. This is quite a rare form; but, still, that it has a positive existence, I was convinced; not only from medical experience, but from some specimens seen in the dead-house.

The *third* form he regarded as chronic parenchymatous inflammation of the muscular tissue of the walls of the uterus, associated with chronic and endo-metritis, and chronic inflammation of the internal surface of the uterus. Now in regard to this form he was compelled to differ in a marked degree from the gentleman who opened the debate; for he understood him to say that most cases of chronic endo-metritis were associated with inflammation of the internal surface, or chronic endo-metritis. He, probably by a *lapsus lingue*, stated that ROKITANSKY asserted that these conditions were almost invariably associated together. ROKITANSKY may have made this assertion. But it should be remembered that he was not a man who had any clinical practice at all; but was a morbid anatomist in the true sense of the term, and a pathologist. So, if he did say so, he did not consider his authority very important. GELLIAN, who was a partisan of SCANZONI, entertained these views and many prominent writers have thought the same. The opinion however seemed to have gone by, very much, until recently he found his friends, Prof. THOMAS, and Dr. EMMET, entertaining the same view as that expressed by Prof. BUDD, viz., that it was in a large proportion of cases associated with chronic inflammation of the internal surface. This view he could not accept. It was entirely contrary to his experience. He agreed with the

statement of Prof. BUDD, that we meet with a certain per centage of cases of chronic endo-metritis without any chronic parenchymatous metritis. But when he asserts that we meet with no cases of parenchymatous inflammation without chronic endo-metritis, he was obliged to say that this was entirely contrary to his experience. He thought that the cases of associated endo-metritis and chronic metritis did not constitute over twenty-five or thirty per cent of the cases of chronic endo-metritis. He was very sure that not in one case of three could evidence of chronic endo-metritis be found where the characteristic conditions of parenchymatous metritis were present. They are associated, and do appear as in the relation of cause and effect, in perhaps the per centage he had named; which is, he believed, as large as experience will prove it to be.

Regarding therapeutics he agreed with the preceding speakers, that the disease is one of the most intractable, rebellious, and unsatisfactory diseases, we are called upon to treat. Even Dr. PEASLEE agrees with him in this. The disease we are discussing, however, is one which in its nature has a tendency, from the physiological causes, so fully explained, to perpetuate itself; and he believed never subsides during menstrual life. He did not believe there was ever a case that got well without treatment during menstrual life. But a certain proportion of cases, if not a large majority, do get well without menstruation ceasing; although the results may still remain and require to be treated, and be serious in their nature. In some cases nature cures them by treatment; and that treatment is pregnancy. He had seen cases of chronic metritis, and of so severe a character, that the patient was miserable for months and years, incapable of performing her duties as a wife, mother, or in social life; wretched, broken-down, and worn out, get well after parturition; because parturition was followed by a melting down, so to speak, an absorption of plastic exudation which had been deposited in the muscular walls of the uterus; and this inflammation has been attended with complete resolution of the inflammatory action. These very good results are extremely rare, because pregnancy takes place in but a very small proportion of cases, and in a much smaller goes on without interruption to the end of the period of gestation.

The etiology of this disease is very obscure. A certain proportion of cases, and especially of that form of chronic metritis which is associated with inflammatory exudation, deposited in the muscular fibres, causing induration, are secondary to an antecedent inflammation of the cervix uteri, and associated with it, though it may or may not be associated with its so-called ulceration and induration.

In perhaps the majority of cases he believed this to be the antecedent cause. Regarding the cases of chronic metritis with ramollissement, most of them, in his opinion, can be traced to miscarriage, at full period, or imperfect fatty degeneration and absorption of muscular tissue, leaving a fluid deposit throughout the larger proportion of muscular fibre. Of the other form of chronic metritis, associated with chronic endo-metritis, it has an immense variety of origin. It

may be associated with the partial destruction of the cervix, constituting dysmenorrhœa. It may be the result of amenorrhœa, impartial detachment of the lining membrane of the uterus, which is taking place at each menstrual period. It may be the result of imperfect involution following parturition. It is sometimes associated with submucous fibroid ailments, or with polypi, producing inflammatory action and ulceration.

Now, in relation to treatment. Dr. BENNETT is entitled to the merit of being the first English author, who, in a sound, pathological manner, called the attention of the profession to the existence of this disease. Since then other writers have presented their views on this subject, but they were nearly a reproduction of the views of BENNETT. The treatment which BENNETT regarded as most successful, was the establishment of an issue on the cervix uteri, for the purpose of draining off the inflammatory exudative deposit which had taken place in the body of the uterus; and modifying the increased inflammatory action which each menstrual period produced. His favorite agents were the potassa cum calce, or potassa fusa, for producing a permanent issue in the cervix. In relation to both of these measures, he himself had not the confidence with which they seemed to be generally regarded. Fifteen or twenty years ago he was in the habit of constantly and frequently resorting to depletion, either by leeches, or direct scarification of the cervix uteri. While he agreed with Dr. PEASLEE that there is a marked reduction of the symptoms, if not a palliation, especially if practised just before the menstrual period; yet he has found there was no real permanent good, but, after successive operations, the patients, instead of getting ahead, were retrograding. He believed also, that in the large majority of these cases of chronic engorgement, or inflammation, the patient is in a condition of anæmia. This is true in almost all cases. The depletion is not directly to the organ, but to the cervix uteri, and whether the amount of liquor sanguinis of the body of the uterus becomes decreased thereby, seems, I think, very doubtful. He had satisfied himself that patients are injured by this method of treatment. There are conditions when he used leeches, but chronic metritis is not one of these conditions. In relation to the constitutional treatment, he would not enter into a full discussion.

In regard to the regimen and hygienic measures, which are important and necessary, he agreed with Dr. PEASLEE fully. In relation to mercurials, he agreed with both him and Dr. BUDD. Instead of the bichloride, he was in the habit of using the protoiodide of mercury, in two-grain doses, combined with the sulphate of iron, and with a small quantity of opium, or some of its preparations, both to allay nervous irritation, and check any tendency of the protoiodide to irritate. But there are two methods of treatment to which he wished especially to call attention, and which had seemed, in his practice, of great value. One is the use of large injections of hot water into the pelvic cavity. This is especially for that form of chronic metritis associated with induration; and

associated ordinarily with dysmenorrhœa, sometimes amenorrhœa, or menorrhagia. The effect of the long-continued application of hot water on the tissues can be easily ascertained, and is perfectly familiar to almost every person present, and can be shown by holding the hand in it for any length of time. It has the effect of liquifying, so to speak, the plastic exudation, and producing absorption and resolution. It is now four or five years since he had been accustomed to using it in this special form of chronic metritis. A very large quantity should be used each time; the patient should be placed on the bed, in precisely the forceps position; an India rubber sheet is placed under her; a sheet is placed over her, so that there is not the slightest exposure. Under this rubber sheet a pail of water is placed, at a temperature as high as the patient will tolerate. The patients will bear a degree of temperature much hotter when injected into the vagina than they can bear by immersion of the hand. A DAVIDSON'S injecting syringe, one end of the tube dropping into the pail of water, the other in the vagina, injects the water into the vagina, which runs directly back into the pail. There is no need of wetting the clothes. You can add hot water as it is necessary.

The patient must be shown how to make the application in this way. Several gallons of water are injected at a time, and the injection continued fifteen or twenty minutes. As regards the success of this treatment, he had arrived at results with it more satisfactory than from any other mode of treatment. Those who would try this should particularly notice the extraordinary change the tissue undergoes in the whole vaginal wall after the water has been introduced for a long time. Some may have used this for the induction of premature labor. The change which is immediately produced in the tissues is astonishing. In that form of chronic metritis associated with amenorrhœa, and especially dysmenorrhœa, he resorted to this treatment daily for four or five days previous to the appearance of each menstrual period; and often at the very first period succeeding its use, great relief is experienced. It is accompanied with great modification of dysmenorrhœal pains, and great increase of the menstrual discharge. In this way we have a normal, natural method of directly depleting the organ, which favors resolution and absorption of the antecedent inflammatory deposit.

In that form of chronic metritis, associated with chronic endo-metritis, it is many years since he had been in the habit of making application to the cavity of the body of the uterus. He had tried a great variety of applications—nitrate of silver ointment, belladonna, iodine, and iodide of lead. A little over two years since he began to make use of an ointment of calomel and the oxide of zinc, in this class of cases, introduced by a suppository tube. In these cases of chronic endo-metritis, with chronic metritis, the cavity is almost invariably so enlarged, so dilated, that there is no difficulty at all in passing in this substance, which he thought was often a beneficial application.

EDITORIAL DEPARTMENT.

Periscope.

Internal Use of Chloroform.

Dr. BOGUE described, before the Chicago Medical Society, (*Chicago Medical Journal*), the effects of a teaspoonful dose of chloroform, administered in sweetened water to a strong Irishman, for severe colic pain in the abdomen, after five $\frac{1}{8}$ -grain doses of morphia had failed to give permanent relief.

Immediately after taking the chloroform, the patient suffered a severe pain in the stomach for half a minute, when he commenced panting violently, laughing, and talking wildly. He then lay upon the bed, continuing to laugh and talk about three minutes; at the expiration of five minutes more, he was fully anesthetized. For about fifteen minutes, his breathing was slow and stertorous; pulse descending from eighty to forty-eight beats per minute; the veins turgid, lips and face purple.

Sinapisms were applied to the abdomen, and heat to the feet. The pulse and respiration became quite normal in a few moments. Slight vomiting occurred, when the patient slept quietly nearly an hour and a half. On awaking, he remained entirely free from pain.

Other members gave very favorable reports regarding the effect of chloroform internally administered in cases of nausea and pain in the abdomen.

One of the Dangers Incident to Hypodermic Injections.

Is illustrated in a case recorded by Dr. W. S. MITCHELL in the *Southern Jour. of Med. Science*.

A male Swiss, æt. 23 years, was admitted to the Charity Hospital, New Orleans, suffering from partial emprosthotonos, all the anterior muscles of the trunk being rigid in a semi-contracted condition, muscles of the arms and legs rigid, arms extended from the body, but flexed at the radio-humeral articulation; muscles of face slightly rigid, inability to articulate understandingly, mind clear, tongue much furred, bowels very torpid; little if any acceleration of pulse or increase of heat of the body. In seeking for an exciting cause, a large irritable ulcer, the size of a Mexican silver dollar, was found to be located just above the insertion of the left deltoid muscle; the border of the ulcer almost a circle, clean cut; the areolar and adipose tissues beneath entirely destroyed, presenting to view the uncovered muscle, which had the appearance of a piece of partially roasted beef, cut across the fibres, conveying to the mind the idea of some corrosive action.

The symptoms gradually but rapidly increased in intensity, and the patient died. On inquiry, it was found that the patient had been treated two months previously in the same hospital for intermittent fever, by hypodermic injections of quinia, the injections having been practised over the lower deltoid region of the left arm. Recov-

ering from the fever, the patient was discharged, but in a few weeks again presented himself with the deep ulcer occupying the arm injected. Dr. MITCHELL inclines to the belief that quinine is of itself a positive and powerful irritant, when introduced into the tissues by the hypodermic method; he has seen in several instances much pain, and considerable redness result from injections of small quantities of quinia, simply suspended in water, without any of the dissolving acids, and he is satisfied from hearsay, that this is not the only case of ulcer which has followed the hypodermic use of quinine in the city of New Orleans.

Reviews and Book Notices.

Surgical Clinic of La Charité. Lessons upon the Diagnosis and Treatment of Surgical Diseases, Delivered in the month of August, 1865, by Professor VELPEAU, Membre de l'Institut et de l'Académie Impériale de Médecine. Collected and Edited by A. REYNARD, Interne des Hôpitaux. Reviewed by the Professor. Translated by W. C. B. FIFIELD, M. D. Boston: JAMES CAMPBELL, 1866. 18mo., pp. 103. Price, \$1.00.

We are much obliged to Dr. FIFIELD for this translation of the *ex cathedra* utterances of so eminent an authority. It is a clear and no doubt faithful rendering of VELPEAU's terse statements of experience and opinion, which, even if they be sometimes dogmatic, always carry weight, and generally conviction.

More credit may be due to the translator for his close adherence to the conciseness of the text, because of his own evident leaning toward "fine writing." Thus, in his preface, we have this almost panoramic sentence:

"VELPEAU advances with the heavy tread of a mighty battalion, tears off the cerements that so long enwrapped the fair form of surgery, and if she stands stripped of the bandages and appliances that have so long arrayed her, she is all the more graceful and lovely."

We might, with interest, if this were a literary journal, make some analysis of this remarkable passage, which is endowed with a greater variety of figures of speech than is usual in scientific books at least. Passing this, we may note, that for thirty years VELPEAU has kept statistics of his hospital cases, averaging about a thousand a year. These must possess very great value. Those of a single year are well worth studying, as they are presented in this little volume.

The simplicity of VELPEAU's treatment of fractures is striking. For example, for the thigh, he "leaves the patient laid upon the back, the thigh extended, the ham lightly flexed upon a pillow. A crupper, round towel, embraces the ischium,

and is fixed at the head of the bed for counter-extension. A stump-bandage, at the level of the malleoli, allows the fixing of two tapes attached to the foot of the bed for extension." (P. 17.)

VELPEAU considers that lameness after fractures is much oftener the consequence of stiffness of the joints than shortening of the limb. For fracture of the bones of the leg he makes much use of the dextrin immovable bandage. Those of the patella are treated by a bandage (*kiastre*); regarding it as above all necessary to avoid the stiffness occasioned by too tight applications.

As to fracture of the clavicle, "know," he says, "that it is impossible to cure it without deformity. The important point is, that this deformity does not injure the functions of the limb. It is sufficient, at the end of four or five days, to apply an immovable apparatus, fixing the band of the injured side upon the opposite shoulder. Take it away at the end of fifteen days; the union is already solid."

Not proposing to make an abstract of the opinions or practice of the "king of surgeons," one or two other items only may be noticed: All *dislocations*, of the year referred to by VELPEAU in these Lessons, have been reduced "by horizontal traction—the ancient method." No allusion is made to any other plan. *Dropsy* of the joints is treated by him, sometimes, with injections of iodine; which, he asserts, never produces ankylosis. Of *whitlows* he makes four species: 1. sub-epidermic, 2. sub-cutaneous, 3. fibro-synovial, 4. periosteal. This is a very clear and good subdivision. An early incision, in VELPEAU's judgment, is necessarily only indicated in the fibro-synovial whitlow. In the other varieties you may wait the formation of pus. *Carbuncle* is treated by him with a *radiated* incision; the radii passing a little beyond the circumference of the tumor.

Erysipelas, phlebitis, burns, diseases of the genito-urinary organs, anal region, and eyes, are all practically touched upon. The following is one of VELPEAU's tables of the statistics of his operations for the year.

		<i>Cured.</i>	<i>Died.</i>
Operations upon the breast,	19, of which 12,	6	
Canceroids,	13	10	3
Different tumors,	14	10	3
Amputations,	8	8	0
Operations upon Anus,	16	15	0
" " Genital organs,	37	35	2
Cataracts,	5	2	0
Different operations,	8	7	1
	—	—	—
Total,	120	99	15

Clinical Lectures on the Principles and Practice of Medicine. By JOHN HUGHES BENNETT, M. D., F. R. S. E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, etc. etc. Third Edition. With Five Hundred and Thirty-seven illustrations on wood. New York: W. Wood & Co. 1866. 8vo., pp. 1022. Price, \$7.00.

Since the first issue of this work in 1859, it has not undergone very great changes, although many minor ones are made. It was a very valuable work from the start; especially rich in details of information upon clinical medicine, as well as full and clear in the enunciation of principles. Dr. BENNETT has, by uncommon ability, attained to the position of a *leader* in medicine. Like other leaders, his peculiarities are strong. We believe some of those, in whose assertion he is most positive, to be great errors; but they have become popular in the profession.

One of Dr. BENNETT's dogmas is, the resolution of all the phenomena of inflammation into *exudation*. He still adheres essentially to this, although giving more notice than formerly, to the other portions of the process, as recognized by all. This theory of his, and those of VIRCHOW and others, remind us of an argument of some botanists of a metaphysical turn—as to the nature of a plant. One declared, "the plant is a *root*;" a second, "I pronounce it a *stem*;" a third, "only a *seed* is a true plant." A fourth entering, seeing a rare specimen of an exotic upon the table, decided it thus: "Whoever this belongs to, let him take what he regards as the only essential part of the plant; and I, as umpire, will take the rest."

Dr. BENNETT adheres to the molecular theory of histogenesis; and still does not bleed in pneumonia; he still doubts the non-identity of typhus and typhoid fevers, and denies the truth of MURCHISON's pythogenic theory of the origin of fever. In this, by the way, he is well sustained by his colleague, Dr. CHRISTISON. Dr. BENNETT also continues to argue, at a length of several pages of fine print, his claim of priority over VIRCHOW, in the discovery of leucocythæmia. From VELPEAU, he cites a letter, confirming the view taught by himself, that true cancer may be permanently extirpated with the knife. Altogether, Dr. BENNETT estimates that he has added three hundred pages of new matter; but he has made way for it by judicious curtailment, so as not to increase the size of the volume. The abundant and excellent illustrations add greatly to its interest and value. It is, on the whole, a great book; not only in bulk, but in scientific and practical importance; and very well issued by its American publishers.

Cerebro-Spinal Meningitis; Being a Report made to the Illinois State Medical Society at a Meeting held at Decatur, June, 1866. By J. S. JEWELL, M. D., Professor of Anatomy, Chicago Medical College, etc., etc. Chicago: GEORGE H. FERGUS. 1866. Pp. 68.

Dr. JEWELL has taken great pains to do justice to the important subject of this Report; and has thereby rendered service, not only to the Society to which it was given, but also to the profession at large. We are not able to agree with quite all his opinions; but we are not acquainted with any more careful or more judicious analysis of the facts concerning this disease, as observed in Europe, as well as in this country. It will not be giving him any too much space to cite a few of his principal deductions:

"1. The symptoms which refer to the nervous system, while they vary, are, as a group, never absent. Other symptoms are mainly incidental.

"4. It is *not* a form of typhus.

"5. It is probably neither contagious nor infectious.

"6. It is probably due to a special external epidemic cause.

"10. It is a *cerebro-spinal meningitis*, if we name the disease from the stand-point of a *group* of its *most obvious* and *constant phenomena* or *effects*; and all other titles given from similar stand-points, as spotted fever, deserve to be abandoned for obvious reasons. That it is impossible, at this time, to give the disease a name from the stand-point of causation which shall be satisfactory."

From this preference for the name *cerebro-spinal meningitis*, we dissent. The disorder is, clearly, not a phlegmasia, but a zymotic disease; a *fever*. Better, then, would be the term "*cerebro-spinal fever*" than a name which involves a pathological error. With BOUDIN and TROUSSEAU, we would call it *cerebral*, or *cerebro-spinal typhus*. Let us quote him further, as to the principles of treatment of the disease.

"We seem to have two classes of cases in which the indications for treatment are somewhat different.

"1. Those in which the cause operates with such intensity as to destroy life directly, before time has been given for pathological changes of any considerable importance to occur.

"2. Those in which the nervous system recovers from the first impression, and which at last show much of the character of ordinary inflammation of the contents of the cerebro-spinal cavity, are often sthenic or febrile in character, and require a quite different therapeutical management, in many respects, from those of the first class.

"In view of the first class of cases, and the actual phenomena of the disease, as they appear at an early period, we would turn:—

"1st. To such known agencies as would efficiently stimulate the organic nervous system, such as opium, cantharides, camphor, chloroform, strychnia, the active principles of coffee and tea, quinine, brandy, &c.

"2d. To such external agencies as would prove revulsive, by promoting the circulation at the surface of the body, and which would at the same time prove indirectly stimulant to the nervous system, such as blisters, heat, frictions, stimulating embrocations, and sometimes the alternation of heat and cold, dry cups, local bleeding occasionally, faradisation of the skin, etc.

"4th. In the second class of cases, we would expect internal stimulants not to answer so well as in the first class and in the early stages of the disease. External stimulation, as blistering, we would expect to prove useful over the back of the head, neck and spine. We should be led to think more of the application of cold, of bloodletting, both general and local, and of alteratives, such as the mercurials, iodide of potassium, bromide of potassium, etc., than in the former cases."

Upon reported experience, Dr. JEWELL considers *opium* to have been proved, in the early stage at least, the most efficient medicine. *Quinine* finds the majority against its employment, except in paludal localities. The reports of Dr. GILBERT, of this city, to the College of Physicians, of his success with large doses of quinine, are not alluded to. Of *external stimulation*, nearly all report favorably.

Ether-Spray in the Reduction of Hernia.

The report of a case of Reduction of Hernia by ether-spray, given in a former number of this journal, is followed by another. Dr. STEELE, of Liverpool, states in the *British Med. Journal*, that some months ago he used the ether-spray with success in the reduction of a rather large inguinal hernia in a boy about four years old, who had worn a truss from early infancy. The hernia had remained down sufficiently long to cause vomiting and other early symptoms of strangulation. Having persevered with the taxis in the ordinary way for some time, he applied the ether spray, and ultimately succeeded in returning the bowel. The frigorific effect was not carried so far as to produce complete congelation and blanching of the surface; but short of that condition, which might possibly have been injurious, the excessive coldness materially aided in the reduction, and in all probability saved the patient from a capital operation.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, DECEMBER 22, 1866.

VOLUME SIXTEENTH.

The Sixteenth Volume of the MEDICAL AND SURGICAL REPORTER begins with the first issue of January, 1867. The fact that unaided by capital, and in spite of many disadvantageous and discouraging circumstances, partly connected with the unsettled condition of the country for several years past, the work has not only maintained an existence, but has increased in value and usefulness, is evidence of its acceptability to the profession.

We must appeal to the past as a guaranty for the future, simply adding, that for the present we shall give the work more undivided attention, and expect to perfect its business department, and continue to add to the value of its literary contributions.

The stimulus we need is MONEY. No subscriber who exerts himself to extend our circulation, and thus add to the income, will regret it, for it will give us the means to improve the medical literature of the country. Let all aid us in this good work; first, by a prompt renewal of their own subscriptions, and secondly, by increasing the number of our readers.

EXPERIMENTAL PHYSIOLOGY.

Those who were readers of the REPORTER six or seven years ago, know that this Journal has on more than one occasion advocated the claims of experimental physiology, and of the demonstrative method of teaching, in our medical schools—this most important, this fundamental branch of medical science.

The subject has recently been again agitated, in consequence of the officiousness of the President of a "Society for the Prevention of Cruelty to Animals" in the city of New York, who having heard that in the Medical Department of Columbia College, *vivi-sections* were resorted to by the Professor of Physiology, for the purpose of demonstrating physiological facts to his class, wrote a letter to the President of the Faculty complaining, and asking for information, about such cruel practices. This letter was referred by the President to Professor DALTON, the gentleman immediately concerned, who answered it in a quiet and becoming way.

To place the matter, however, before the profession in its true light, Professor DALTON on the 12th of December, read before the New York Academy of Medicine a paper on the "*Propriety and Usefulness of Vivi-sections*," which we had the pleasure of listening to, and which all those present on the occasion, and those who will peruse its contents when in print, will agree with us to be a complete refutation of the usual objections made against experimental physiology, and an unanswerable, positive argument in its favor. The importance of the subject demands that we should notice in a brief sketch, the main points advanced by Professor DALTON. They are as follows:

The objections, which have been urged against *vivi-sections*, and experimental physiology generally, are three-fold:

1. Cruelty.
2. Liability to uncertainty, and
3. Want of value in the results.

The insignificance and injustice of the first objection is at once apparent when we enter into the *aim and object* of experimental physiology. If we destroy every year in South America, 400,000 animals, simply to get boots and shoes, the sacrifice of a few hundred animals for the study of the phenomena of life, and ultimately for the *relief of human suffering*, can certainly not be called reckless. *Vivi-sections* of lower animals are no more cruel than dissections of the human body are open to the charge of sacrilege and impiety. The only instance, of which the author was aware, of reckless abuse, of the practice, was in a foreign veterinary school in which surgical operations were performed upon living animals. But this practice had, to his knowledge, never been resorted to in this country, and had nothing to do with experimental physiology. All these objections too, generally dated from a time before the use of anæsthetics, and at the present day the majority of physiological experiments are performed under unconsciousness and free from pain. There is only a small class of experiments, where consciousness of the animal is required—experiments on the nervous system, where it is necessary to determine the sensibility or insensibility of the animal to irritation of particular nerves. But a little examination will show the really small amount of suffering even in these cases, many of the nerves and nervous centres being insensitive. Sir CHARLES BELL exposed and divided the *portio dura* without pain. The same has often been observed with the pneumo-gastric nerves. Removal of the entire substance of the hemispheres of the brain produces absolutely

in establishing these facts, these very experiments have accordingly been exceedingly valuable.

The *preliminary* operation of dividing the integument, etc., which is really more painful than the operation upon the nerves themselves, may always be performed under the influence of ether. The irritation too, applied to particular nerves to determine sensibility, need not be so violent as to give much, or more than momentary pain.

The *second* and *third* objections to experimental physiology may best be answered by reviewing what it has accomplished.

It is the only true method of determining the vital functions. Physiology, as a rule, was in error as long as it was satisfied with guessing at certain functions. In 1809, when the anatomy of the spinal cord was already known, ALEXANDER WALKER ascribed sensibility to the anterior column and motion to the posterior. BELL and MAGENDIE by means of *vivisections* showed the contrary to be true. After LAVOISIER had made his discoveries it was generally thought that the lungs were heated by the introduction of oxygen. But *direct examination* afterwards showed that the blood carried from the lungs became cooler rather than that carried to them. This shows that *surmises* in physiology are futile, and why experiments on living animals is the only true method of determining the functions of the living body.

The *lacteals* had been discovered and anatomically demonstrated by VESALIUS, but their true physiological relations, and the activity of this part of the circulatory system, was only revealed by two French physicians after *actual experiment* on living animals.

Again, this method can be applied with certainty and success by good experimenters. The *violence* used has been said to place organs in an unnatural position, and hence the results have been pronounced deceptive and uncertain. But the physiological experimenter takes these disturbing elements and influences into the calculation and guards against them. Experimental physiology is an art which must be learned.

What has it accomplished? It is not new. It has been resorted to for seventeen centuries. The periods when medical knowledge progressed most, were exactly the periods when it was most resorted to. Every important physiological discovery was made by its means, and so also many surgical and hygienic discoveries. A few illustrations to show this:

Circulation of the Blood. That the arteries contained blood and not air, was detected by GALEN in the year 150, by *actual experiment*. He ligated a vessel in two places, and opening it

between the two ligatures, showed by the escape of blood that the theory that the blood followed only after the escape of the air was erroneous.

Until the 16th century the blood circulated obstinately from the veins outward; even with the valves discovered it continued to run the wrong way, until HARVEY, by *vivisection*, established the true physiology of the circulation.

Respiration. The *first* point of importance established in the physiology of respiration was by Sir ROBERT BOYLE in 1670, who, by experimenting with the air-pump on *living animals*, showed that the presence of air was necessary to life. *Next*, by the same process, he established that the air breathed became vitiated, and PRIESTLY, continuing experimentation in a similar manner, demonstrated how vitiated air might be renewed, and he finally found that by allowing plants to grow in exposed air, it lost its vitiated character, thus establishing the law of reciprocity of animal and vegetable respiration. LAVOISIER, also, by experiments on living animals, demonstrated the important facts, that respiration acts only on the respiratory part of the atmosphere, and that carbonic acid is exhaled in the process of expiration.

All this knowledge regarding the physiology of respiration, so important to man, in regard not only to resuscitation of persons asphyxiated, but also in its general hygienic relations, was established by *experiments on the living body*.

Transfusion of blood, first practised in the 17th century *experimentally on animals*, has led to its successful adoption in man, and the saving of human life.

Digestion. It is remarkable that our first source of true, positive knowledge of digestion were experiments on a living man, ALEXIS ST. MARTIN, who, by accident, had received a gastric fistula. But shall we rely upon accidents for the discovery of most important facts in physiology?

Regarding the *nervous system*, all important discoveries were made by experimentations on animals. BELL and MAGENDIE, by *vivisection*, demonstrated motion to reside in the anterior, sensibility in the posterior spinal roots. The seventh pair of nerves was formerly divided for *tortic dolereux*, until BELL, by *experiments on the living animal*, showed it to be entirely motor, and we now divide the fifth pair instead of the seventh.

One of the standing physiological jokes is the case of ALEXANDER WALKER, who, in opposition to BELL and MAGENDIE, insisted upon motor force residing in the posterior, and sensibility in the anterior spinal roots, years after the contrary had

no pain. Ordinary sensibility is localized, and been demonstrated. WALKER was much *opposed to vivisections*.

BELL is sometimes claimed as having been opposed to vivisections. But it is remarkable that of all the results of the physiological labors of this eminent man, none have stood the test of time, except those which were founded on experiments on the living body. All his finely-spun theories and surmises have not survived.

HUNTER's physiological experiments established the true mode of cure for aneurism.

S. W. MITCHELL's experiments on living animals have demonstrated the action of certain animal and vegetable poisons, and their antidotal relations.

Again, the *origin and prevention of parasitic diseases*. It was discovered by SIEBOLD and KUCHENMEISTER in 1840, that from eating pork containing the *cysticercus*, the *tape-worm* was developed in man. The identity of the human tape-worm and the *cysticercus* of the hog was demonstrated by *experiment*, thus giving us a most important and valuable fact of etiology.

Our knowledge of the disease caused by *trichina*, too, is founded on the experiments, mostly of German observers, upon living animals, and the clinical relations of *trichinosis* may yet become a very important and interesting field in pathology.

To sum up, we may say that *clinical observation and practice, without well founded physiology, are experiments upon the living body of man, instead of cure*. How futile, then, all objections to the only true method of studying and determining the vital functions, a knowledge of which is the only rational foundation of medical practice.

In giving this hasty and necessarily brief sketch of Professor DALTON's paper, we cannot but express the hope, that the claims of EXPERIMENTAL PHYSIOLOGY, which he so ably sets forth, will soon become recognized, not only by the profession at large, but particularly by the *Faculties of all Medical Schools in the United States*. It has become a necessity to the student in this matter-of-fact age, this era of positive science; and the following editorial remarks, published in this Journal, in an article on the same subject, in 1860, are as true now as they were then:

"The difference between teaching physiology didactically and experimentally, is just the difference between an engraving and the real form—between the photograph and the object itself. It is true, as modern art has succeeded in the stereoscope—a sort of artificial squinting-appara-

tus—in presenting planes in relief, so, by straining our mental eye to the necessary obliquity, we may imagine that we behold *reality* when we are merely looking at its shadow. This will do well enough when the former cannot be obtained. A man may roam by aid of stereoscopic delusions in an hour's time through sceneries and countries that would take him a year to travel through, and he will avoid being bored by dull waiters, the dangers of the sea, dusty rides, and other discomforts of a journey. But would any man call this travelling? It would be a strange fancy, indeed, if one should prefer reading a traveller's guide, however well written, to the journey itself, however tedious. * * * *

"There is nothing more certain than that with the demonstration before his eye, the pupil is enabled to understand any truth or fact in half the time, at least, than if he were forced to draw off from the didactic teaching, part of his attention to supply the want of the former by his imagination. We had been reading, and we had been 'read to' about the reflex action of the nervous system, for days and weeks didactically; but we really never understood the subject thoroughly, until we witnessed a few simple experiments of MARSHALL HALL, and then we understood in *ten minutes*, what we had previously attempted to learn in vain. So it is with *all* departments of physiology—from digestion to secretion, from excretion to generation.

"Another point must be taken into consideration, and one of no little importance. If experimental physiology is made the rule of medical teaching, the student will be less encumbered with untenable and mere speculative theories, because the teacher will be careful not to state what he cannot satisfactorily demonstrate by experiment. It is unfortunately but too often the case that in didactic teaching generalizations take flight so fast that facts cannot follow, and fortunate the pupil who has mental ballast sufficient to keep him down to the latter.

"It must be claimed for experimental physiology, that it is the only true method of teaching that branch, as it should be pre-eminently *demonstrative*; and further, that it will save time to the student, because it will obviate long explanations, which at best can elucidate the subject but approximately; and lastly, that it will purify physiological teaching from much rubbish and trash, because the experimental teacher will not state as facts what cannot be proven by the demonstrations of science."

THE "SOCIAL EVIL."

The subject of prostitution, in its relation to the propagation of venereal disease, and the question of police regulations to prevent both, has occasionally been discussed in the REPORTER. It is an important question, and hence we take pleasure in laying before our readers the commentary of the Committee of Arrangements of the *International Medical Congress*, to be held at Paris next year.

The Committee comments upon the following question:

"Is it possible to propose to the various governments any efficient measures to restrain the propagation of venereal disease?"

The Committee say:

"The rights of individual liberty impose upon the discussion of this question natural limits, which it cannot break. The solution of this problem will not be found in a new penalty, applicable to individuals who live under the common civil law. But, in another order of ideas, the examination of the following points will probably make room for fruitful conclusions.

"The relative influence of different kinds of prostitution upon the propagation of venereal diseases is but imperfectly known. At any rate, it is a question, the importance of which is not doubtful. If, indeed, positive documents of different experimentation demonstrate, that in this respect, there exist considerable differences between tolerated or regulated prostitution and clandestine prostitution, such precise results might become the starting-point of new administrative measures, which, justified in advance by scientific observation, would in themselves constitute a true progress.

"But, whatever may be the results of this inquiry, one fact is to-day already well established, namely, that the present surveillance of prostitution is insufficient, in the point of view of public health. A more efficient control is hence necessary, and it is proper to examine the best means of establishing it.

"It will be no less appropriate to investigate if any special measures can be applied to soldiers and sailors, for in all countries, these large congregations of men constitute *foci* of contagion, the exceptional power of which has been known for a long time.

"Such are the main questions which this important problem of public hygiene raise. If any rigorous conclusions are decided on, upon one or the other of these points, the deliberations of the Congress might serve as a basis of well-founded propositions, to be submitted to the examination of governments."

So far the Commentary of the Committee. In this country, with the exception of a few isolated instances during the recent war, where the military power assumed control and supervision over the social evil—and with good results in checking the spread of venereal contagion—prostitution has held unlimited sway in all our cities. But, in spite of our national aversion against even the best hygienic measures, if they interfere in the least with the exercise of the utmost personal liberty, it cannot be denied that in the government of our large cities, the tendency of municipal legislation is gradually drifting toward the extension of police and sanitary measures, and the restriction of indiscriminate individual freedom of action, if such action, especially in whole classes of the community, endangers public health and public morals. And really, this tendency is not one of which even the most enthusiastic advocate of democracy need be afraid. Whether efficient hygienic measures regarding prostitution, with the view of checking venereal propagation, will eventually be incorporated into the municipal regulations of our cities, will depend much on the scientific settlement of the questions involved. Hence we look forward, with no small degree of interest, to the answer which the Paris Congress will give, and hope that some of our American physicians, who have made a specialty of this question, will contribute the results of their investigations to a clear and thorough solution of this important problem.

TRICHINÆ.

We have received and examined a specimen of the *pectoralis major* of the body of a woman, a subject in the dissecting-room at the COLLEGE OF PHYSICIANS AND SURGEONS, in New York. Attention, as to the probable existence of trichinæ in the muscular tissue of the cadaver, was, we understand, first attracted by the excessive paleness of muscular substance, which is peculiarly characteristic in this instance. The *pectoralis major*, in this case, appears to have been the main seat of migratory selection of the parasite. This muscle is of a pale yellowish-pink, or white, entirely wanting the usual red appearance of muscular structure. It has undergone fatty degeneration. Where the subject came from, and what was the previous pathological and clinical history of the case, we are at present not able to say, but it is hoped that it will be traced. No efforts of the gentlemen who preside over the chairs of physiology and pathology in that school, will be wanting to this end. When discovered, the trichinæ were found to be in a state of vitality.

Correspondence.

DOMESTIC.

Dislocation of Humerus from Singular Cause—Precocious Menstruation—Local Anæsthesia; Inquiries.

EDITOR MEDICAL AND SURGICAL REPORTER:

A case of dislocation of the humerus, into the axilla, not long since came under my notice, which, as it was produced by a cause "not mentioned in the books," may be deemed worthy of a passing record.

A stout, healthy, muscular young man was adjusting the tackling upon his horse, when, upon raising his hand to the top of the horse's head to put on the bridle, the head of the humerus slipped into the axilla. There was nothing unusual in the motion made. It was just such as he had made many times before. Nor does he remember that there was any sudden jerking movement of the horse, which at all changed the position of his arm. The dislocation was easily reduced by the ordinary method.

Prof. Gross mentions having met with a single case in which this luxation happened from "inadvertently raising the arm above the level of the head." But the case I have mentioned above seems hardly to have been of that character. It occurred in the ordinary routine of daily labor, and was neither any more nor any less violent than the same movement had been before. Was it caused by "muscular contraction"? Or were the ligaments and muscles from some unknown cause, more than usually relaxed? Or was it the position and weight of the arm which carried the head of the bone downward from its position in the glenoid cavity?

An interesting case of *precocious menstruation* has recently come under my observation, in a French girl of seven years of age. Noticing something unusual about herself, and feeling no doubt somewhat of the peculiar shyness and modesty of girls at the usual age of puberty, she hid her drawers, which were soon found by her mother, containing the tokens of her womanhood. She has since menstruated regularly, and if she follows the example of many of her countrymen and women, she will be a mother long before she reaches her "teens."

Such cases are rare, and their rarity makes them more than usually interesting, as showing how rapidly some systems are brought to maturity and decay. Such precocity is rarely long lived. Life is compressed into a few years.

Will you, or some of your correspondents, give us more light on "local anæsthesia"? Does it answer expectations? Is it safe? Is its action never injurious to the part anæsthetized?

L. C. BUTLER, M. D.

Essex, Vt., Dec., 1866.

Remarkable Case of Premature Labor: Embryulcia.

EDITOR MEDICAL AND SURGICAL REPORTER:

August 16th, 1865.—Was called in a hurry, some miles into the country, to see a lady æt. twenty-five—mother of six children, dark complexion, quite healthy. Three days before at church, she had seen a young man in an epileptic fit, and had immediately fainted. Hemorrhage, to a moderate extent, came on soon after, and still continued—but without pain. On examination, found her encephalic about five months. The os uteri almost closed and quite firm. Hoping still to prevent miscarriage, the patient was directed to remain in the recumbent position; was placed upon a cold regimen, and used a variety of astringents, without arresting the slight hemorrhage, which continued without intermission until August 26th, just fourteen days from the time of her fright, when the liquor amnii was discharged without pain. Considering, of course, miscarriage now as unavoidable, ergot in doses of 5 grs. of the powder per hour, were prescribed, and 12 powders taken, exciting nausea and vomiting, *but no pain*—the os uteri still stationary. Borate of soda, in 20-gr. doses, alternating with various preparations of ergot, were continued till the 29th, without inducing labor pains, or making any change in the os. From the evening of the 27th, the discharge had become more and more offensive, and in the afternoon of the 29th, was excessively so, notwithstanding the greatest attention to cleanliness and the use of deodorizers about the room, and vaginal injections of solution of permanganate of potassa. Her breath was offensive, her whole person exhaled putrid effluvia—the pulse 120—cheeks flushed, tongue foul; dull head-ache, and in general, all appearances of septic fever. I determined to deliver it at once and proceeded as follows: Placing the patient on the left side, the left hand was introduced well lubricated, into the vagina, without difficulty, or pain, this organ, as well as the vulva, being quite relaxed.

The os uteri was found in the same condition as previously described; but, with care and perseverance, first one finger, then a second, was introduced without *exciting pain*, indeed, being scarcely felt—further the dilatation could not be

carried. The presentation was now discovered to be transverse; the head to the right, the breech to the left of the uterus: the presenting part being about the middle of the spine, and to the left of it. With much difficulty, one leg was brought down, the second could not be reached. Gradual increased traction was now resorted to, bringing the breech nearer the outlet, but *neither starting pains*, nor increasing the dilatation. At last, the coxo-pelvic and articulation gave way, and the limb separated. The second leg was now brought down, with the same result. The dismembered breech was all now that could be reached.

Introducing the fingers as before, I guided along the gutter of the two a strong pair of forceps, resembling slightly-curved polypus forceps, but near double their size in every direction, and with these the breech was grasped above the pubis and sacrum, and traction made. No force I deemed safe, effected the slightest dilatation or pain. I therefore crushed the part in the strong gripe of the forceps, shifted its position, and twisted away piece after piece of the trunk, and at last, the neck and two arms piece-meal, the head only remaining.

This was far too large to be embraced in the gripe of the forceps, to be crushed, and could not possibly have been made to pass whole. Fortunately, after some manipulation, I was able to bring one blade of the forceps into the foramen magnum, and thus crush the base of the skull, first on one, and then on the other side; then extract the bones piece-meal, and at last the empty scalp and soft parts. The cord was brought through the os with the abdominal parietes of the foetus, and now formed a guide to the placenta, which was found firmly adherent. Deeming it needless to wait, as there was not the slightest contraction of the uterus, nor pain, I grasped the centre with the forceps, and again resorted to the twisting motion, by means of which it was gathered into a bunch, and partially detached; about the half of it was then brought away, the remainder, still partially attached, protruded somewhat through the os. Traction did not bring it further, and indeed, was not carried to any extent. I deemed it imprudent to push the protruding part back, for fear of losing a guide, and I determined to leave it, and rest for the present, as I was almost exhausted by my continuous efforts for over an hour. The patient was but little exhausted, and in excellent spirits. Nothing was prescribed, except a saline laxative and light nourishment.

Next morning, the piece of placenta protruded

somewhat further, and on gentle traction, came away. The patient had been somewhat restless during the night, but the laxative had operated twice. The tongue was cleaner, the pulse reduced in number, the offensive effluvia much less, no tenderness of abdomen, in fact a very great improvement manifest. Prescribed sulph. quinia, two grains every three hours, tinct. ferri chlor., twenty drops three times a day, with an occasional seidlitz powder and light nourishment. Vaginal injections of permang. potass. twice a day. Under this treatment, the patient so rapidly recovered, that, Sept. 5th, my visits were discontinued, the uterus remaining apparently in *statu quo*, but her general health excellent. There was no appearance of a fibrous tumor, or thickening of the uterine walls, but an absolute insensibility of this organ, and rigidity of its entire substance. She is now again seven months enceinte.

JOHN G. F. HOLSTON, A. M., M. D.

Zanesville, Ohio, Dec., 1866.

Inhalations of Lime-water in Croup.

EDITOR MEDICAL AND SURGICAL REPORTER:

Some time ago, I noticed in your paper an account of the beneficial effects of inhalations of lime vapors in croup and diphtheria, and it occurred to me that lime-water might be more conveniently used for the same purpose, by employing RICHARDSON'S local anæsthetic instrument or spray distributor. I have tried this mode of treatment in several cases of croup, and found that the inhalations can be made very thoroughly with facility, and I believe that I have observed marked advantage derived thereby. I have also used the same means for the inhalation of the spray of water, and found my patients much relieved by it.

I understand that the membrane of croup and diphtheria is soluble in lime-water, and if a sufficient amount of that liquid can be inhaled to remove the membrane without causing any trouble, great will be the improvement in the treatment of these dangerous diseases: indeed, the danger of croup, at least, would be fully overcome. By calling the attention of the profession to this subject through your valuable paper, others will doubtless be led to try that mode of medication, and its value will be soon tested.

ALEXANDER J. C. SKENE, M. D.

Brooklyn, N. Y., Dec. 4th, 1866.

— In the General Hospital at Vienna, three wards have been set apart for the practice of electro-therapeutics.

News and Miscellany.

Strange Cause for Suicide!

That suicides have been committed for much worse reasons than are given by the actor in the following case, is no justification for his committing the rash act. We trust that none of our readers will study the relationship so deeply as to tempt them to follow the example of the unfortunate Titusville man.

"Some time since, it was announced that a man at Titusville, Pennsylvania, committed suicide for the strange reason that he had discovered he was his own grandfather. Leaving a dying statement, explaining this singular circumstance, we will not attempt to unravel it, but give his explanation of the mixed-up condition of his kinsfolk in his own words. He says: 'I married a widow who had a grown-up daughter. My father visited our house very often, fell in love with my step-daughter, and married her. So my father became my son-in-law, and my step-daughter my mother, because she was my father's wife. Some time afterward, my wife had a son; he was my father's brother-in-law, and my uncle, for he was the brother of my step-mother. My father's wife—i. e., my step-daughter—had also a son; he was, of course, my brother, and in the meantime my grandchild, for he was the son of my daughter. My wife was my grandmother, because she was my mother's mother. I was my wife's husband and grandchild at the same time. And as the husband of a person's grandmother is his grandfather, I was my own grandfather.'"

Ague and Fever.

The *Journal de Medicine de Bruxelles* contains a letter from Dr. HANNON, professor of Botany in the University of Brussels, confirming the views recently promulgated by Dr. SALISBURY on the cryptogamic origin of marsh or intermittent fevers, but stating that the facts mentioned by the distinguished American physician had long been recognized in Belgium. "In 1843," says Dr. HANNON, "I studied at the University of Liege. Professor Charles Morsen had created in me such an enthusiasm in the study of the fresh water algæ, that the windows and mantelpiece of my chamber were encumbered with plates filled with *Vaucheria Ascillatoria* and *conservæ*. My preceptor said to me: 'Take care at the period of their fructification, for the spores of the algæ give intermittent fever. I have had it every time I have studied them too closely.' As I cultivated my algæ in pure water and not in the water of the marsh where I had gathered them, I did not attach any importance to his remark. I suffered for my carelessness a month later, at the period of their fructification. I was taken with shivering; my teeth chattered, I had the fever, which lasted six weeks."

Army and Navy News.

NAVY.

List of changes in the Medical Corps of the Navy, during the week ending December 15, 1866.

Surgeon Wm. M. King detached from the U. S. S. Wachusett, and placed on sick leave.

Surgeon N. L. Bates detached from the Naval Laboratory, from January 15, 1867, and to be regarded as waiting orders.

Surgeon Edward S. Bogert detached from Naval Hospital, Norfolk, and ordered to duty at Naval Laboratory, New York.

Assistant Surgeon E. D. Martin detached from the Receiving Ship Constellation, at Philadelphia, and ordered to Naval Hospital, New York.

Asst't Surg. Frederick Krieker ordered to duty on board the Receiving Ship Constellation, at Philad.

Assistant Surgeon Adam Trau detached from Naval Asylum, Philadelphia, and ordered to Naval Hospital, Norfolk, Virginia.

Assistant Surgeons J. R. Tryon and Wm. H. Jones ordered to report on the 17th inst., for examination for promotion to Past Assistant Surgeons.

Acting Past Assistant Surgeon T. K. Chandler detached from Navy Yard, Washington, and ordered to U. S. S. Penobscot.

Acting Past Assistant Surgeon John E. Parsons, resignation accepted.

Acting Assistant Surgeon Reuben Smith detached from the U. S. S. Chicopee, and ordered to the U. S. S. Marblehead.

MARRIED.

BUGBEY—DAVIS.—At Athol, Mass., 29th ult., by Rev. J. F. Norton, Mr. Stephen E. Bugbey, of Springfield, Mass., and Miss Lois Anna Davis, daughter of Dr. K. Davis, of Athol.

DANA—HAYES.—Dec. 5, in Trinity Church, Boston, Mass., by Rt. Rev. Bishop Eastburn, Lieut. Com. Wm. H. Dana, U. S. N., and Sophie W., daughter of Dr. A. A. Hayes.

DUNHAM—CLARK.—In Chicago, Ill., 4th inst., by Prof. S. O. Bartlett, D. D., Benjamin Dunham, M. D., and Miss Lucy M. Clark, all of Chicago.

HORD—HARRIS.—Dec. 4th, near Lexington, Ky., Dr. Wm. T. Hord, Surgeon, U. S. N., and Ella V., daughter of the late Judge Arnold Harris.

ROBERTSON—ACWORTH.—By Rev. R. Whinna, at the Protestant Episcopal Church, Salisbury, Md., Nov. 22d, 1866, Wm. W. Robertson, M. D., and Miss Fricilla F. Acworth, all of Somerset co., Md.

DIED.

FANNING.—In Lewistown, Me., Dec. 6th, of pneumonia, Dr. I. Fanning, aged 69.

JOHNSON.—December 7th, at Cincinnati, Ohio, Dr. Isaac D. Johnson, aged 54 years and 9 months.

MILLER.—In Worcester, Mass., Dec. 11, Joseph C. Blanchard, only son of Dr. Seth P. Miller, aged 18 years and 8 months.

ANSWERS TO CORRESPONDENTS.

Dr. E. M., St. Aubert, Mo.—Headland is out of print.

METEOROLOGY.

December,	3,	4,	5,	6,	7,	8,	9,
Wind.....	N. W. Clear.	S. E. Cl'd'y.	N. W. Clear.	S. E. Cl'd'y.	N. W. Clear.	S. E. Cl'd'y.	N. W. Clear.
Weather.....	Rain.					Rain.	
Depth Rain.....	6-10					4-10	
Thermometer.....							
Minimum.....	21°	30°	31°	32°	32°	38°	34°
At 8 A. M.....	30	54	43	43	44	52	45
At 12 M.....	41	55	55	55	57	60	45
At 3 P. M.....	45	57	56	56	57	61	42
Mean.....	34.25	49.	46.25	46.56	47.50	52.75	41.50
Barometer.....							
At 12 M.....	30.5	29.8	30.4	30.3	30.2	29.7	29.9

Germanstown, Pa.

R. J. LEEDOM.